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Draft country programme document**

Tunisia

Summary

The draft country programme document for Tunisia is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $3,320,000 from regular resources, subject to the availability of funds, and $3,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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Basic data[1] *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	3.3
U5MR (per 1,000 live births)	25
Underweight (per cent, moderate and severe) (2000)	4
Maternal mortality ratio (per 100,000 live births) (1994)	69
Primary school attendance (per cent net, male/female)	97/97
Primary school children reaching grade 5 (per cent) (2001/2002)	96
Use of improved drinking water sources (per cent) (2002)	82
Adult HIV prevalence rate (per cent) (end 2003)	0.1
Child work (per cent, children 5-14 years old)	—
GNI per capita (US$)	2 630
One-year-olds immunized against DPT3 (per cent)	97
One-year-olds immunized against measles (per cent)	95

[1] More comprehensive country data on children and women are available at www.unicef.org.tn.

The situation of children and women

1. The political situation in Tunisia is stable, with the ruling party maintaining its leadership in the country's political life. It is highly likely that the country will achieve all of the Millennium Development Goals but one, the target relating to maternal mortality. The overall economic situation remains satisfactory, with an average annual growth rate of 5.1 per cent between 1970 and 2003. The Government allocates at least one half of its budgets to social sectors, including poverty alleviation programmes; an estimated 4.2 per cent of the population (2000) live under the poverty line, compared to 13 per cent in 1980. A variety of policies and programmes implemented in the past 25 years to curb unemployment have had limited effect. The overall unemployment rate is estimated at 13.5 per cent (2005), with higher rates in the least developed regions in the western part of the country, and the rate for young people exceeds 35 per cent.

2. The country is undergoing a demographic transition as a result of improved health and education, the promotion of women's rights and their greater participation in the workforce, and a successful family planning programme. The population growth rate decreased from 3 to 1 per cent between 1966 and 2003 and the number of births per year from 230,000 in the late 1980s to 165,000 in 2004. The share of children aged 0-14-years as part of the total population decreased from 40 per cent in 1984 to 27 per cent in 2004.

3. Life expectancy increased from 67 years in 1984 to 73 years in 2002, and the infant mortality rate decreased from 95 per 1,000 live births in 1972 to 24 in 2000. Over the same period, the under-five mortality rate fell from 149 to 30 per 1,000 live births. Two thirds of infant deaths occur during the first month (particularly during the first week), with rural areas twice as severely affected as urban zones. The maternal mortality rate is also significantly higher in rural than in urban areas (106 per 100,000 live births in Western Central versus 40 in Tunis) with a national average of 58, according to recent figures from the Ministry of Health. There are also regional disparities in terms of the proportion of deliveries occurring in

adequate health facilities, ranging from nearly 100 per cent in 12 governorates of Eastern region to 87 per cent in the remaining 12 governorates, with a record low of 49 per cent in Kasserine. Some 3.4 per cent of children suffer from severe chronic malnutrition and 5.4 per cent are affected by low birth weight. The Committee on the Rights of the Child has expressed concern about the significant regional disparities that remain in terms of health services.

4. The prevalence of AIDS, although only 0.1 per cent, requires the development of information and sensitization programmes and adequate services for adolescents and young people, particularly those at risk, that take into account to rapidly changing patterns of behaviours and lifestyles. Late marriage (29 years for females and 32 years for males) also plays a role. The Committee on the Rights of the Child recommended that the capacities of health services be enhanced to better respond to the needs of adolescents and young people.

5. Ninety-nine per cent of six-year-olds are enrolled in school and retention rates have improved markedly, with 96 per cent of children enrolled in first grade reaching fifth grade. The levels for girls are slightly higher than those for boys but the gap becomes significant for older children aged 12-18 years, with a net enrolment rate of 78 per cent for girls and 73 per cent for boys. Girls also outperform boys in primary school, with lower repetition and drop-out rates. The repetition rate in the primary cycle decreased by 50 per cent over the past five years, to 8 per cent. The Committee on the Rights of the Child has expressed concern about the level of school attrition, which is still high in the intermediate and secondary cycles but is related to insufficient quality in the primary cycle, particularly in the underserved western regions.

6. Families are not yet empowered to engage in positive partnerships with schools, and should participate actively in establishing an environment more conducive to quality learning, fighting violence and corporal punishment and providing adequate support to their children. A government decree of October 2004 is a positive step towards creating an environment that favours student and parental participation in school boards. Preschool education coverage has improved steadily since the launch by the Ministry of Education of a programme of preparatory classes in primary schools. These focus primarily on rural areas, where coverage for 3-5 year-olds is estimated at 27 per cent (up from under 10 per cent in 1990) either in kindergartens, preparatory classes or koranic schools, although there are still major regional disparities.

7. In 2005, 834 babies born out of wedlock or deprived of parental care were referred to the National Child Protection Institute, and another 88 babies were entrusted to foster care centres managed by non-governmental organizations (NGOs). Some 6,700 older children are cared for by public foster/support centres; some 1,070 are in residential institutions and the other children are offered day-care services but live with one parent or a member of the extended family. Conditions in children's institutions deserve closer scrutiny and their staff require in-service training.

8. Protection of children with disabilities has been reinforced through: (a) the adoption of new legislation in 2005 and the launching of a new inclusive education strategy; and (b) additional budgetary allocations for the existing 220 special education and training centres. Some 5,000 at-risk children were referred to regional child protection officers (RCPOs) in 2005, reflecting a referral rate of 1.5 per 1,000.

Of these, 3,800 have benefited from RCPO support services; 75 per cent of them were under age 12 and involved neglect or the inability of the family to care for them, 10 per cent involved abuse or ill-treatment and less than 4 per cent resulted from economic or sexual exploitation. Another 3,800 children were reported as being in conflict with the law, 75 per cent of them for petty offences, and 3 per cent for cases of a sexual nature. Some 820 cases were mediated by RCPOs, which saved 710 children from undergoing proceedings through alternative sentencing.

Key results and lessons learned from previous cooperation, 2002-2006

Key results achieved

9. The launching in 2001 of a "Priority Education Programme" helped to provide additional resources to low-performing schools to enhance learning opportunities for students. The national inclusive education strategy launched in 2003 gave children with disabilities access to schools. An open debate and policy formulation on violence in schools were initiated in the context of the United Nations Study on Violence against Children and following the recommendation of the Committee on the Rights of the Child. This, in addition to the support provided to the mainstreaming of the "competency approach", will in time have a significant impact on learning achievements. The establishment of preparatory classes, a preschool education programme in primary schools, is another major result in terms of quality and of promoting equity, as they were established primarily in rural schools.

10. The key results of the health programme were the reduction of infant and maternal mortality, notably with the adoption of a national strategy for neonatal mortality and morbidity. There was a major capacity-building effort in terms of training on neonatal care and establishment of a comprehensive surveillance programme for all maternal deaths occurring in health facilities. The Integrated Management of Child Illnesses (IMCI) approach has been reinforced at the central level and is being progressively adopted by health teams, but efforts are required to enhance its utilization in underserved areas. The district health system approach has registered progress in pilot districts to develop models that can inspire other teams and help to diffuse good practices. Universal Salt Iodization was another key result. In the fight against HIV/AIDS, two strategies were prepared to prevent mother-to-child transmission and to make voluntary confidential counselling and testing operational, which will contribute to halting and reversing the HIV/AIDS epidemic.

11. The main thrust of the protection programme was to put child protection on top of the agenda for children and to strengthen the system through the training of key actors. Major results include the extension of the RCPO mechanism. An appraisal undertaken in 2005 highlighted the progress achieved and recommended that the role, capacities and partnerships of the RCPOs be further clarified and enhanced. A full-fledged in-service training programme for social workers is being implemented to develop their competencies and professional skills in working with children and families at risk. A significant breakthrough is the new partnership with the Ministry of Justice and Human Rights which helped to improve the juvenile justice system. The "alternative to institution" agenda progressed through better recruitment and screening of foster families and ensuring adequate support and monitoring of child placements. Some of these programmes have benefited children

who have greater chances of being rapidly placed in a well-selected and adequately supported foster family.

Lessons learned

12. The mid-term review (MTR) of the country programme documented that UNICEF significantly adds value to projects involving multisectoral or inter-ministerial cooperation. This has been the case for such issues as the national inclusive education strategy or the building of networks to support the RCPOs. The United Nations thematic group on adolescents and young people conducted a situation analysis and fostered discussion and planning for the future. This clearly showed the importance of situation analysis, evaluations and action-oriented research as elements of the knowledge base to foster national dialogue, commitment and action on sensitive or emerging issues. One of the main recommendations of the MTR was to further strengthen the components of the country programme focusing on protection and on adolescents and young people.

13. The country programme's investment in service delivery (except for pilot phases of innovative activities) was limited and the focus was on national capacity-building (training, development of monitoring tools, technical assistance). These two strategic approaches have to be complemented by empowerment of families and beneficiaries for positive and sustained protective behavioural changes. The importance of enhancing the role of the family and/or beneficiaries has been evidenced by recent studies on the priority education programme, on inclusive education (a World Bank assessment), on violence in schools (a national qualitative study) and on integrated early childhood development (a qualitative study).

14. Conducting the Common Country Assessment (CCA) using a human rights-based approach to programming has been a very useful exercise, because it showed the importance of clarifying the roles of claim holders and duty bearers (e.g., civil servants, beneficiaries and families, at central and local levels) and improving their capacities to share responsibility in the developmental process. This complementarity of roles and capacities of professionals is of critical importance to ensure the effectiveness of child protection services. More efforts will be made to build capacities to analyse and plan in four or five underserved governorates. This will serve to decentralize and focus the presence and actions of the United Nations in order to reduce disparities further.

The country programme, 2007-2011

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Education	625 000	1 080 000	1 705 000
Health	750 000	900 000	1 650 000
Child protection	600 000	780 000	1 380 000

Programme	*Regular resources*	*Other resources*	*Total*
Monitoring, advocacy, partnership and participation	300 000	240 000	540 000
Cross-sectoral costs	1 045 000	—	1 045 000
Total	**3 320 000**	**3 000 000**	**6 320 000**

Preparation process

15. The preparation of the proposed programme of cooperation began early in 2004 with an updated situation analysis that served, together with the review of the observations of the Committee on the Rights of the Child, as a basis for the MTR. The country programme emerged from the CCA and the United Nations Development Assistance Framework (UNDAF) process. Using the human rights-based approach to programming allowed the United Nations country team and counterparts to become familiar with this analytical tool.

16. The prioritization meeting for Tunisia's UNDAF, attended by all United Nations agencies and relevant government and civil society partners, identified areas of comparative advantage for the United Nations, including UNICEF, in support of the national development priorities and the Millennium Development Goals. The country programme and the four UNDAF priorities (globalization, employment, disparity reduction, adolescents and young people) were endorsed during the Joint Strategy Meeting held in February 2006. The UNICEF strategies and programme components were discussed in consultation with respective ministries during programme review meetings and the annual review in December 2005.

Goals, key results and strategies

17. The overall goal of the country programme is to contribute to further improving the quality of health, education and protection for children and youth, with emphasis on vulnerable and marginalized groups, and to promote and develop opportunities for enhanced participation of children and youth. Expected results are: (a) plans will be adopted and implemented to improve quality of the learning environment and school management and performance in four or five regions; (b) a comprehensive and integrated national strategy on school dropouts to be adopted; (c) enhanced access and quality of care in 90 per cent of maternal and child health facilities in four target governorates; (d) 70 per cent of all families in the target governorates to be empowered on childcare, development and protection; (e) five centres for adolescents and young people to be set up to promote healthy lifestyles, including information, skills and services for HIV/AIDS prevention, care and support; (f) the existing legislation on the juvenile justice system to be fully enforced; (g) child protection networks to be established in 10 governorates to support the referral of at-risk children to the RCPOs and other social institutions; (h) partnerships to be strengthened and an integrated child rights monitoring system to be in place for policy analysis and dialogue; and (i) a comprehensive national policy on youth to be adopted.

18. The most important strategy will be to join other United Nations agencies to develop a set of integrated and comprehensive interventions, agreed upon and

planned jointly with authorities, for implementation in the four to five most underserved governorates. In targeting these regions, the programme will use three basic strategic approaches: (a) targeted and pilot service delivery interventions to improve standards and quality of social services; (b) capacity-building of staff of regional and local institutions (training, technical assistance); and (c) empowerment of families and civil society organizations (CSOs) to play a greater role in community mobilization, developing participation of claimholders and improving governance. At the central level, key strategies will include capacity-building, social modelling, advocacy and support to the development of knowledge- based policy planning and decision-making.

Relationship to national priorities and the UNDAF

19. The country programme of cooperation is aligned with the UNDAF and the 21 priorities of the electoral programme of the Head of State, and was developed within the National Plan of Action for Children 2002-2011. The country programme will contribute to achieving the remaining challenges of the Millennium Development Goals as described in the CCA and planned for in the UNDAF. The UNICEF country programme will contribute to two of the four UNDAF priorities: (a) equity, quality of life and disparities; and (b) adolescents and young people.

Relationship to international priorities

20. The country programme will contribute to the implementation of the Millennium Declaration and to achievement of the Millennium Development Goals with a strong focus on disparity reduction. The country programme will refer to the UNICEF medium-term strategic plan with a special emphasis on focus area 5, policy advocacy and partnerships for children's rights. Given that Tunisia is a middle-income country moving towards graduation from UNICEF regular resources, strategies will be developed for creating sustainable partnerships for children's rights through advocacy, monitoring and resource mobilization, as well as for young people's participation. The concluding observations of the Committee on the Rights of the Child are a permanent reference for policy development and advocacy.

Programme components

21. **Education.** Beyond the major progress achieved in education, particularly in terms of school enrolment, the remaining challenges relate to pursuing quality, improvement of learning achievements and the learning environment, and further reduction of regional disparities. The overall objective of this programme is to contribute to the reduction of school failure and disparities and to promote equity, quality and innovation. The education programme will have two key focuses.

22. The project on quality and support to national policy will support implementation of the reform of the educational system, particularly with regard to improving quality, performance and the learning environment, and promoting innovation. The key results to be achieved are: (a) national norms and standards for quality are to be established and an accreditation system set up; (b) plans adopted, implemented and documented to improve school management and the learning environment, with an emphasis on participation; (c) stakeholders are supportive of educational reform and implementation; (d) anti-violence plans designed and implemented at central level and in five governorates; and (e) a comprehensive and

integrated national strategy on school dropouts adopted, including a tracking system. The strategies employed will be essentially at central level: capacity-building through studies; advocacy; communication for social change; and technical support to policy formulation and training of trainers.

23. The second focus, on equity and positive discrimination, aims at reducing school failure and disparities and developing access to school for children with disabilities. The key results will be: (a) the adoption of a child-based national positive discrimination approach (affirmative action); (b) five underserved regions will be supported to ensure improving school performance and equity; and (c) the number of inclusive (welcoming) schools will be increased threefold, with improved quality. At the central level, the strategies employed will be advocacy, communication for social change and technical support for capacity-building, and at the regional and local levels, technical assistance to design strategies and regional action plans, along with service delivery to some schools and initiatives.

24. **Health.** Under-five, infant and maternal mortality have declined significantly, but regional disparities persist both in access and quality of services. Exclusive breastfeeding rates are declining. Access to effective parenting programmes, especially in rural areas, remains low. Adolescents and young people's health should receive greater attention. Thus, the programme will contribute: (a) to the full achievement of health-related Millennium Development Goals through reduction of local disparities and promotion of better parenting; and (b) to the promotion of healthy life styles for adolescents and young people through information, skills development on prevention of risky behaviours, including HIV/AIDS, and establishment of such youth-friendly services as voluntary confidential counselling and testing. The programme will have two key focuses.

25. The first focus is on equity and quality. The national report on the Millennium Development Goals has identified maternal mortality reduction as the most challenging issue for the country. Capitalizing on the progress achieved, the aim will be to improve the overall quality of maternal and child health services, with a special focus on four selected priority areas. Interventions will be structured around: (a) monitoring of maternal deaths and of maternal mortality reduction strategies by implementing the emergency obstetric care initiative; (b) reduction of infant — especially perinatal — mortality and morbidity; (c) strengthening the management of health districts, quality assurance and partnerships for health; and (d) support for implementation of the IMCI approach (including breastfeeding promotion and reduction of anaemia and chronic malnutrition) in the target areas including through social mobilization activities. The strategies will ensure synergies of the various elements of the programme, combining service-delivery interventions in underserved areas with technical assistance, monitoring support and capacity-building. Special attention will be paid to empowering families with information and skills on preventive health in order to develop adequate attitudes and practices.

26. The second relates to adolescents and young people and HIV/AIDS. The main objectives will be: (a) preventing risky behaviours through information, skills and improved access to quality services; (b) setting up youth- and adolescent-friendly services including voluntary confidential counselling and testing for sexually transmitted infections and HIV/AIDS; and (c) supporting the implementation of the strategy for universal access to prevention, care and treatment of HIV/AIDS, including prevention of parent-to-child transmission. The key strategies will be

advocacy; monitoring the situation of adolescents and young people, particularly those at risk; support for establishment of concrete services and documenting the experience; and education and information.

27. **Child protection.** Following the adoption of the Child Protection Code in 1995, several mechanisms were established to give the country an operational child protection system. Now, this system needs to be strengthened to more effectively address emerging child protection challenges. The programme will support the system to protect children from discrimination, violence, abuse and neglect both within and outside the family. Using the complementary functions and skills of all actors, this will be done through advocacy, communication for social change, enhancing quality services, promoting coordination and networking. In partnership with governmental partners, at central, regional and local levels and with civil society, the programme will focus on alternatives to institutions for children by strengthening reintegration mechanisms, family educational skills and the juvenile justice system. Through studies and situation analyses, it will support partners' understanding and quality monitoring of child protection issues along with emerging challenges.

28. Child protection policies will be the first focus. The recent child protection situation analysis will serve as an advocacy tool and as input into the national debate on policies, legislation and operational mechanisms. This project will provide support to: (a) the national strategy relating to children deprived of parental care; (b) efforts to strengthen the child protection system; and (c) the design and implementation of a plan of action emanating from the recommendations of the United Nations Study on Violence against Children. The strategies will involve elaboration of agreements on procedures for cooperative work between partners (networking); strengthening competencies of professionals, with a particular emphasis on the concept of the child as a right holder; and the design of operational tools for those working directly with children and families. Mediation and conciliation techniques will be a major topic for training so as to promote family reunification and more generally to empower families.

29. The second component, related to child protection services, will focus on promoting and supporting quality services that are responsive to the child's specific situation. These services should either keep at-risk children with their families or provide alternate family care for those deprived of parental care. The option of temporary placement in government or non-governmental institutions will be used while working for quick reintegration within the family. Particular attention will be given to empower and support single mothers to keep and care for their babies. Re-education centres for young people in conflict with the law will be supported to foster alternative procedures to deprivation of liberty and to promote adequate counselling and guidance services for children who have committed an offence.

30. **Monitoring, advocacy, partnership and participation.** Collecting and analysing data are the essential tools for advocacy, policy dialogue and designing programmes in favour of children. Knowledge of children's rights and commitment to their implementation are prerequisites for ensuring effective and synergistic contribution of all stakeholders (decision makers, field professionals, civil society, private sector, families and children themselves) and to deeply implanting a culture of child's rights. This programme will improve the knowledge base and thus to improving policy analysis and advocacy.

31. The first component will focus on supporting the country's efforts in monitoring child rights, and on strategic use of research, studies and evaluations to identify remaining problems, emerging challenges and solutions. Efforts will be made to ensure availability of data relating to disparities, exclusion and vulnerable populations. This component will contribute to: (a) building capacities at central and regional levels in the fields of monitoring and analysis and strengthening intersectoral coordination, including through use of *DevInfo*; (b) preparation of national reports on children, adolescents and young people including those to be submitted to international committees; (c) ensure ongoing operational follow up and final evaluation of the National Plan of Action for Children 2002-2011; and (d) support qualitative studies and surveys on emerging issues affecting children, adolescents and young people. The main strategies will be advocacy and technical and financial support to studies as part of capacity-building.

32. The second component, related to advocacy and partnership, aims at ensuring that children enjoy their rights and fully benefit from national policies, partnerships and international commitments. The specific expected results are: (a) knowledge of and support to children's rights to be strengthened among key actors; (b) families to be empowered with knowledge, skills and abilities to guarantee adequate childcare, development and protection; and (c) partnership, networking and alliance-building with civil society (for delivering services for children and young people), the private sector (for social responsibility and fundraising), legislative bodies (for policy reform), along with opinion leaders and media. This will require strategies such as advocacy and communication for social change.

33. The third component deals with adolescent and young people's participation. Based on data and recommendations from the situation analysis of adolescents and young people, this component will target three key results: (a) information, orientation and youth-friendly services will be developed, and will include the participation of young people within their management; (b) opportunities promoted for responsible participation in the family, school and society, including through use of new information and communication technology; and (c) support provided to the development and implementation of a national youth policy. The main strategies will be advocacy and technical assistance along with support to initiatives by non-governmental organizations and their documentation for social modelling.

34. Cross-sectoral costs will cover charges related to staff who perform cross-cutting functions, security, staff training and administrative support. The capacities of UNICEF, national partners and NGOs must be strengthened to respond timely and effectively to emergencies, including avian flu.

Major partnerships

35. The major partners in this programme will be the government Ministries responsible for education, health, social affairs, women and childhood, and justice, both at central and local levels. NGOs and CSOs will be partners in efforts to involve and empower families and beneficiaries. The programme will also foster interministerial consultations and committees on inclusive education and on social and child protection.

36. Partnerships will be developed to form a solid platform for the expansion and deepening of cooperation in the areas of child protection, adolescents and young people, better parenting, partnering and monitoring of child rights. This will also

include local institutions in the most vulnerable areas (4-5 of the 24 governorates), United Nations agencies, possibly through joint programmes and activities, the Parliament and the private sector. UNICEF will support the development of the capacities of NGOs, particularly those involved in protection issues and in family support.

37. Although Tunisia does not attract the interest of bilateral and multilateral donors, UNICEF will maintain collaborative partnerships with all missions and organisations active in the country, mainly to provide them with evidence-based information on the situation of children, adolescents and young people and to foster debate and commitment around the children's agenda. The country office's private sector fund-raising activities (which securing 14 per cent of the office's annual regular resources) will include an advocacy component to ensure social responsibility of major national corporations.

Monitoring, evaluation and programme management

38. As Tunisia is progressing towards graduation from receipt of UNICEF regular resources, the full responsibility of monitoring of children's rights will be built progressively within national institutions such as the National Observatories for Childhood and for Youth. Therefore, monitoring and evaluation will be integral components of the programme of cooperation. Regular resources will be used for strategies such as general advocacy, policy design, capacity-building and empowerment of families and beneficiaries. Other resources will be used for social modelling, pilot activities and direct service implementation, notably for adolescents and young people

39. The country programme's results matrix will be the main instrument to monitor progress towards strategic results and to strengthen the use of results-based management. The matrix and the key indicators will be disaggregated at the governorate level in order to monitor progress made with respect to disparity reduction. The matrix will be one of the instruments used during annual review meetings and the MTR in 2009. UNICEF and UNDAF partners will monitor the achievement of the Millennium Development Goals and Declaration through *DevInfo*, in addition to national and subnational data from the State Statistics Committee, as well as the UNDAF results areas. Programmes contributing to the first UNDAF priority, equity, disparity and quality of life, will be monitored within a United Nations process using quarterly and annual reviews and regular field trips. A United Nations sub-office may be opened to better monitor and manage this collaborative effort.